

SKY BLUE SOCCER SCHOOL REGISTRATION FORM / INSURANCE WAIVER

Program Attending:

Camp Location: _____

Camp Type: _____

Camp Dates: _____

CAMPER INFORMATION

Player's Name: _____ Parent/Guardian Name(s): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone (h) _____ (w) _____ (c) _____

Date of Birth: _____ Age: _____ Club/Team: _____

Email Address: _____

(Registration will be confirmed via email)

Emergency Contact Name: _____ Phone Number: _____

Relationship to Player: _____

PAYMENT

Payment Method (circle one): MASTERCARD VISA CHECK (payable to: Sky Blue Soccer) ONLINE

Total Amount: _____

Credit Card Number: _____ - _____ - _____ - _____ Expiration Date: _____ CVV _____

Name on Card: _____ Signature: _____

INSURANCE WAIVER

Health Insurance Provider: _____ Policy Number: _____

Please indicate any pertinent previous medical history: _____

List medications, allergies, or any other notes: _____

Hold Harmless:

The undersigned, Parent/Guardian of minor, understands that participation in the camp is voluntary. Parent/Guardian of minor understands that minor, as a participant in events sponsored by, or associated with Sky Blue Soccer, whether athletic or social in nature, is subject to risk of injury. Parent/Guardian agrees to defend, indemnify and hold harmless Sky Blue Soccer and its partners, agents, employees, owners from and against any claim, demand, suit, judgment, cost of fees, which arise out of or are in any way connected with Sky Blue Soccer School, regardless of whether such claims are the result of the negligence of Parent/Guardian/Minor or anyone else or for any other cause.

Permission for Emergency Care:

As the parent/legal guardian, I request that in my absence, the named participant be admitted to any hospital or medical facility for diagnosis and treatment. In case of injury, accident or illness, I authorize the on-site staff and volunteers to provide appropriate medical assistance or if an emergency transport is deemed necessary, I authorize the same summon an ambulance to transport the participant to the hospital or nearest facility. I also understand that if an ambulance transport or emergency treatment is deemed necessary, I may not be notified until after the transport has been initiated. I request and authorize physicians, athletic trainers, technicians, first aid personnel, nurses to perform any diagnostic procedures, treatment procedures, operative procedures, and x-rays of the above. I have been given no guarantee as the results of examination or treatment. I and our insurance carrier accept any and all responsibility for all costs associated with the medical care of the above participant. I will notify Sky Blue Soccer if at any time our medical insurance provider changes while participating in the activities with Sky Blue. I have read and understand the above.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

Fax or mail registration to 732-271-7735 or Sky Blue Soccer School, 80 Cottontail Lane, Suite 400, Somerset, NJ 08873
For more information & questions contact school@skybluesoccer.com or 732-271-7700 x 312